

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|---------|----------|
| FEE DETERMINATION | Th | | 8-25-00 |
| O.I.P.E. CLASSIFIER | | 8 | 9-5-00 |
| FORMALITY REVIEW | | 60605 | 10-4-00 |
| RESPONSE FORMALITY REVIEW | | 11/4/00 | 11/16/00 |

INDEX OF CLAIMS

| | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral) Canceled | A | Appeal |
| + | Restricted | O | Objected |

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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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